

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Mark A. Christopherson, Virginia de la Riva, Gary A. Tapp, Andrzej M. Malewicz,  
Brian P. Schmalz, Troy D. Kopischke  
TITLE: INFORMATION REMOTE MONITOR (IRM) MEDICAL DEVICE

J1025 U.S. PTO



02/02/01

Assistant Commissioner for Patents  
BOX PATENT APPLICATION  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL 752209093 US, on this 2nd day of FEBRUARY, 2001

Printed Name

FRAYDA M. MITSCHKE

Signature

J1046 U.S. PTO  
09/776265  
02/02/01

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 19 (including claims and abstract: Spec. 16 sheets; Claims 2 sheets; Abstract - 1

X Drawings:

Total sheets: 9

x Combined Declaration and Power of Attorney: (UNSIGNED)

- ☐ newly executed  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
X Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

X Accompanying application parts:

- ☐ Notification of filing a  
☐ Assignment of the Invention to Medtronic, Inc.  
☐ Assignment cover sheet  
☐ Information Disclosure Statement  
☐ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
of prior application No. /  
☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation  
☐ division ☐ continuation in part of application number , filed .  
☐ Cancel in this application original claims of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.)  
☐ The prior application is assigned of record to Medtronic, Inc.  
☐ The Power of Attorney in the prior application is to: GIRMA WOLDE-MICHAEL

X This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/180,285, filed February 4, 2000.

X Address all future correspondence to: **Girma Wolde-Michael, Reg. No. 36,724**  
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	7	20	= 0	x 18	0
Independent Claims	1	3	= 0	x 80	0
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					710
TOTAL					710

X Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) for a total of \$710.00.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

02/02/01  
Date

  
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